





MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL

DATA COLLECTION FORM

Revised September 17, 2001

This tool is a modified version of the the Medicare+Choice Organization Optional Heart Failure Data Collection Tool designed by CMS and the National Heart Failure CASPRO. With this revised tool, a user can abstract both QAPI and Extra Payment concurrently for a given case. This modified tool does not eliminate the need for double abstraction (i.e., two sets of questions) if the EP and QAPI time periods are not identical, but it does allow for side-by-side EP and QAPI abstraction inside one case. Users should begin by answering the project variable located in the first section. The project choices are QAPI, Extra Payment 2001, and Extra Payment 2002, and all choices come with the option of including or excluding the optional QIs (ACEI dosage, medication prevalence, and NYHA class). After answering the project question, sections will direct the user to only abstract those variables related to the project options chosen. A user who is not interested in optional QI data may prefer this tool to the original, as the original tool requires a user answer all Optional QI questions (using 'Not Collecting' options, as applicable), regardless of interest. PROs are encouraged to customize the tool further if desired, however, this may or may not warrant changes to the analyzer. The original version of the tool is completely functional and may still be used if desired. Use the corresponding "MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL - ABSTRACTION INSTRUCTIONS", revised September 17, 2001, when completing this form.

MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL: DATA COLLECTION FORM

Case ID# (as directed):	QAPI Po	opulation:	 <u>E</u>]	P Population:
Case ID# (as directed): => IF NOT COLLECTING, ENTER X Abstraction date:// Abstractor ID (as directed): Project(s) for which this case is being abstracted (as directed): (Select all that apply) QAPI QIs, no optional QIsQAPI QIs with optional QIsExtra Payment 2001, no optional QIsExtra Payment 2001 with optional QIsExtra Payment 2002, no optional QIsExtra Payment 2002 with optional QIsExtra Payment 2002 with optional QIsExtra Payment (EN) 2001 time period (if applicable):// through/ Extra payment (EP) 2001 reporting time period (if applicable; In most cases, this should be 10/1/2000 through 10/1/2001):// through/	Pat enr prid lassi des per la lassi des la	tient was continuously rolled at least 180 days or to and including the t day of the M+CO-signated one year time riod the M+CO-designated e year period, the patient her (1) was discharged we from an acute care spital with a principal charge diagnosis of heart lure (402.01, 402.11, 2.91, 404.01, 404.11, 4.91, 428.x), OR (2) had or more physician counters (examples - ER its, outpatient visits) with iagnosis of heart failure e codes above). See achment A of abstraction tructions for narrative scriptions of these heart lure codes. See achment B for a gested list of CPT codes presenting outpatient sysician encounters. the M+CO-designated e year period, the patient s NOT on renal dialysis CD-9-CM codes V56.0,		Patient was continuously enrolled at least 180 days prior to and including the last day of the reporting year The patient was discharged from an acute care hospital during the time period July1, 1999 through June 30 th of the reporting year with a principal discharge diagnosis of heart failure (402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.x). See attachment A of abstraction instructions for narrative descriptions of these heart failure codes. During the 12 months prior to and including the last day of the reporting year, the patient was NOT on renal dialysis (ICD-9-CM codes V56.0, V56.8, 39.95, and 54.98; CPT codes 90935, 90937, 90940, 90945, 90947, 90989, and 90993) AND was NOT an ESRD patient. See attachment
cases, this should be 10/1/2001 through 10/1/2002): // through// OUTPATIENT CHARTS, INPATIENT CHARTS, AND ANY OTHER REVIEWABLE DATA SOURCE MAY BE USED FOR ABSTRACTION.	CP 909 909 atta ins	6.8, 39.95, and 54.98; T codes 90935, 90937, 940, 90945, 90947, 989, and 90993). See achment A of abstraction tructions for narrative scriptions of these dialysis des.		A of abstraction instructions for narrative descriptions of these dialysis codes.
DEMOGRAPHICS/EXCLUSION/MISCELLANEO	US			
1. First name:				
2. Last name:				
3. HIC #:				
4. Social security #:				
5. Date of birth:/				
6. Practice # / Provider # (as directed): => IF NOT COLLECTING, ENTER X				
7. Medicare+Choice Organization contract # (as directed): => IF NOT COLLECTING, ENTER X				

8.	Is there documentation that the patient was on renal dialysis anytime during the following timeperiods? (Select all that apply) M+CO-designated QAPI time period EP 2001 reporting time period EP 2002 reporting time period None of the above
	=> IF ALL TIME PERIODS ASSOCIATED WITH THE CHOICES SELECTED FOR THE PROJECT QUESTION ABOVE ("PROJECT(S) FOR WHICH THIS CASE IS BEING ABSTRACTED") ARE MARKED, STOP ABSTRACTION
9.	OPTIONAL: M+CO-defined field #1: => IF NOT COLLECTING, ENTER X
10.	OPTIONAL: M+CO-defined field #2: => IF NOT COLLECTING, ENTER X
11.	OPTIONAL: M+CO-defined field #3: => IF NOT COLLECTING, ENTER X
	I - LVF AND ACE QIs (Complete only if option 'QAPI QIs, no optional QIs' or 'QAPI QIs optional QIs' are among the choices marked in the project question.)
12.	Is there documentation that left ventricular function (LVF) was assessed anytime before or during the M+CO-designated QAPI time period?
	Note: If a formal report of LVF assessment test results is not available, LVF may be presumed to be previously assessed if there is physician/nurse practitioner/physician assistant notation of LVF, either as an ejection fraction (EF) or a narrative qualitative description (example - "moderate left ventricular systolic dysfunction").
	YesNo/Unable to determine SKIP TO #14
	Before or during the M+CO-designated QAPI time period, is the most recent available LVF documented as an EF 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)? YesNo/Unable to determine
14.	Was an ACE inhibitor (ACEI) prescribed anytime during the M+CO-designated QAPI time period? Not collecting SKIP TO #21 Yes SKIP TO #18 No/Unable to determine
	 IMPORTANT NOTES: ➤ This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #13 = Yes, the option 'Not collecting' should be selected for question #14 when the patient does NOT have documented LVSD (question #12 = No/Unable to determine or question #13 = No/Unable to determine). FOR QUESTION #14, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #13 = YES). ➤ The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.

3

- 15. If an ACEI was not prescribed during the M+CO-designated QAPI time period, is there documentation of one or more of the following?
 - a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the M+CO-designated QAPI time period
 - b. Aortic stenosis documented anytime before or during the M+CO-designated QAPI time period
 - c. Renal artery stenosis documented anytime before or during the M+CO-designated QAPI time period
 - d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
 - e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
 - f. Systolic BP < 80 mmHg documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit)
 - g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the M+CO-designated QAPI time period

		SKIP TO #21 eto determine
16.	practit	comentation before or during the M+CO-designated QAPI time period, did a physician/nurse ioner/physician assistant give a reason at anytime for not prescribing an ACEI? des o/Unable to determine

QAPI - OPTIONAL QIs (Complete only if option 'QAPI QIs with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)

18. OPTIONAL: ACEI prescribed during the M+CO-designated QAPI time period:

Note: If available documentation indicates that two or more different ACEIs were prescribed during the M+CO-designated QAPI time period, select the most recent one.

Accupril Accuretic Aceon Altace Benazepril Capoten Capozide Captopril	Enalapril Enalaprilat Fosinopril Lexxel Lisinopril Lotensin Lotensin HCT Lotrel	Mavik Moexipril Monopril Monopril HCT Perindopril Prinivil Prinzide Quinapril	Ramipril Tarka Teczem Trandolapril Uniretic Univasc Vaseretic Vasotec	Zestoretic Zestril Other COMPLETE #19 Unable to determine SKIP TO #21 Not collecting SKIP TO #21
19.	OPTIONAL: If Other	, please specify:		
20. OPTION	NAL: Total daily dosa	ge of the ACEI identific	ed above during the l	M+CO-designated QAPI time period

Of FIGNAL. International of the ACEI identified above during the MFCO-designated QALI time period.

_____MG

4

Note: If the dosage of the ACEI identified above changed during the M+CO-designated QAPI time period, calculate the total daily dosage from the most recent dosage documented.

- => IF UNABLE TO DETERMINE, ENTER 0
- => IF NOT COLLECTING, ENTER X

IMPORTANT NOTES:

- The medication prevalence questions in this section have been designed to allow M+COs to collect medication prevalence information on all patients. If this information is to be collected ONLY for patients with LVSD, defined as cases where question #13 = Yes, the option 'Not collecting' should be selected for questions #21 25 when the patient does NOT have documented LVSD (question #12 = No/Unable to determine or question #13 = No/Unable to determine). The option 'Not collecting' should also be selected if an M+CO is not collecting this information on any patients.
- The analyzer accompanying this tool will calculate the medication prevalence measures only for patients with LVSD. If M+COs wish to evaluate medication prevalence in patients without LVSD, they will need to modify the analyzer accordingly.

21.	OPTIONAL: Was an oral beta blocker prescribed anytime during the M+CO-designated QAPI time period? Not collecting									
	Yes									
		le to deter	mine							
	Acebutolol	Carteo	lol In	deral	Lopressor	Propranolol	Timolol	Ziac		
	Atenolol	Cartro		deral LA	Lopressor HCT	Sectral	Toprol			
	Betapace	Carve		deride	Metoprolol	Senormin	Toprol-XL			
	Betaxolol	Coreg		deride LA	Nadolol	Sotalol	Trandate			
	Bisoprolol	Corga		erlone	Normodyne	Tenoretic	Trandate HCT			
	Blocadren	Corzio		abetalol	Penbutolol	Tenormin	Visken			
	Brevibloc	Esmol	ol Le	evatol	Pindolol	Timolide	Zebeta			
22.	Not colle Yes	cting le to deter	-	anytime during	the M+CO-desig	nated QAPI time	period?			
		odigin ek	Lanoxin Lanoxin							
23.	designated QANot colleYes	API time p	eriod?	lactazide, Aldac	tone, Spironolact	tone Plus) prescri	ibed anytime during	the M+CO-		
24.	period?		ngiotensin II re	ceptor blocker (ARB) prescribed	anytime during	the M+CO-designat	ed QAPI time		
	Not colle	cung								
	Yes									
	No/Unab	le to deter	mine							
	Ataca Ataca Avali Avap	nd HCT de	Cozaar Diovan Diovan HCT Eprosartan	Irbesartan Losartan Micardis Micardis H	Telmisarta Teveten Valsartan CT Verdia	n				
	Cando	esartan	Hyzaar	Tasosartan						

25.	designated QAPI time pe		es AND nydraiazine prescribe	ed TOGETHER anytime	during the M+CO-
	Not collecting Yes				
	No/Unable to determ	nine			
	Long-acting nitrates:	<u>.</u> Minitran	Nitrodisc	<u>Hydralazine:</u> Apresazide	Mammag
	Dilatrate-SR Imdur ISDN ISMO Isordil Isosorbide Dinitrate Isosorbide Mononitrate	Monoket Nitrek Nitro TD Patch-A Nitro-Bid ointment Nitro-Dur Nitro-Par Nitro-Time	Nitroglycerin (ointment) Nitroglycerin (paste) Nitroglycerin (transdermal) Nitroglyn E-R Nitrol Sorbitrate Transderm-Nitro	Apresazide Apresoline Diuretic Ap-Es HHR Hydra-Zide Hydralazine Hydralazine Plus Hydrap-Es	Marpres Ser-Ap-Es Serathide Serpazide Serpex Tri-Hydroserpine Uni Serp Unipres
26.		explicitly documente	signated QAPI time period, vd by a physician/nurse practite nentioned (Select one)?		
	Notes: - Use only OUTPATIE - If there are only one of heart failure, use these	NT documentation for two office visit not	rom OUTPATIENT charts. tes before or during the M+C	O-designated QAPI time	period which mention
	Not collectingClass IClass IIClass III				
			g used OR heart failure is no	t mentioned in any office	e visit notes before or
4 D.D	ū		. ,	1 · 1· ,	1
ADL	DITIONAL MI+CO-L	DEFINED FIEI	L DS (example - addition	onal indicators suc	n as immunizations)
27.	OPTIONAL: M+CO-det => IF NOT COLLEC				
28.	OPTIONAL: M+CO-det => IF NOT COLLEC		·		
29.	OPTIONAL: M+CO-det	•			
	=> IF NOT COLLEC				
30.	OPTIONAL: M+CO-det => IF NOT COLLEC				
		· —	te only if option 'Extr are among the choices	_ ·	_
31.	•	•	nction (LVF) was assessed an	•	,
	Note: If a formal report of there is physician/narrative qualitative	nurse practitioner/ph	est results is not available, LV ysician assistant notation of I ple - "moderate left ventricula	LVF, either as an ejection	n fraction (EF) or a
	Yes No/Unable to determ	nineSKI	P TO #33		

32.	Before or during the EP 2001 reporting time period, is the most recent available LVF documented as an EF < 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)? YesNo/Unable to determine
N	n ACE inhibitor (ACEI) prescribed anytime during the EP 2001 reporting time period? of collecting
	PORTANT NOTES: This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #32 = Yes, the option 'Not collecting' should be selected for question #33 when the patient does NOT have documented LVSD (question #31 = No/Unable to determine or question #32 = No/Unable to determine). FOR QUESTION #33, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #32 = YES). The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If
	M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.
34.	If an ACEI was not prescribed during the EP 2001 reporting time period, is there documentation of one or more of the following? a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the EP 2001 reporting time period b. Aortic stenosis documented anytime before or during the EP 2001 reporting time period c. Renal artery stenosis documented anytime before or during the EP 2001 reporting time period d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the EP 2001 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit) e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the EP 2001 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit) f. Systolic BP < 80 mmHg documented on three or more separate occasions during the EP 2001 reporting time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit) g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the EP 2001 reporting QAPI time period Yes
	YesSKIP TO #40No/Unable to determine
	In documentation before or during the EP 2001 reporting time period, did a physician/nurse practitioner/physician assistant give a reason at anytime for not prescribing an ACEI? Yes No/Unable to determine
	36. OPTIONAL: Please specify reason(s): => IF NOT COLLECTING, ENTER X => SKIP TO #40

EP 2001 - OPTIONAL QIs (Complete only if option 'QAPI QIs with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)

3	7. OPTION	NAL: ACEI presc	ribed during the	EP 2001 reporting t	ime period:		
		available docume eporting time perio			ifferent ACEIs v	were prescribed durin	ng the EP 2001
- - - - -	Accupril Accuretic Aceon Altace Benazepril Capoten Capozide Captopril	Enalapril Enalaprilat Fosinopril Lexxel Lisinopril Lotensin Lotensin H	Mono Mono Perin Prini	kiprilT DprilT Dpril HCTT doprilU vilU ideV	Camipril Carka Ceczem Crandolapril Jniretic Jnivasc Vaseretic Vasotec	Zestoretic Zestril Other COMP Unable to determ Not collecting	ine SKIP TO #40
	38.	OPTIONAL: If					
3	9. OPTION	NAL: <u>Total daily</u> MG	dosage of the A	CEI identified abov	e during the EP	2001 reporting time	period:
				above changed dur ent dosage documer		reporting time perio	d, calculate the
		JNABLE TO D		•			
	=> IF N	NOT COLLEC	ΓING, ENTER	R X			
MP	ORTANT NO	ΓES·					
	The medication	prevalence questi				Os to collect medica	
						r patients with LVSD estions #40 - 44 wher	
>	does NOT have The option 'Not The analyzer acc	documented LVS collecting' should companying this t	D (question #31 dalso be selected ool will calculate	= No/Unable to dete l if an M+CO is not the medication pre	ermine or questi collecting this i valence measure	on #32 = No/Unable information on any pages only for patients we need to modify the an	to determine). atients. with LVSD. If
C	OPTIONAL: Wa Not collectin Yes No/Unable t	ng	cker prescribed a	nytime during the F	EP 2001 reportin	g time period?	
	Acebutolol Atenolol	Carteolol Cartrol	Inderal Inderal LA	Lopressor Lopressor HCT	Propranolol Sectral	Timolol Toprol	Ziac
	Betapace Betaxolol	Carvedilol Coreg	Inderide Inderide LA	Metoprolol Nadolol	Senormin Sotalol	Toprol-XL Trandate	
В	Bisoprolol	Corgard	Kerlone	Normodyne	Tenoretic	Trandate HCT	
	Blocadren Brevibloc	Corzide Esmolol	Labetalol Levatol	Penbutolol Pindolol	Tenormin Timolide	Visken Zebeta	
C	OPTIONAL: Wa		oed anytime duri	ng the EP 2001 repo	orting time perio	od?	
	Yes						
_	No/Unable t	o determine					
	Cardoxin Crystodig	gin Lanoxicaps					
	Digitek Digitoxin	Lanoxin					

40.

41.

42.	OPTIONAL: Was spiror reporting time period?Not collectingYes	nolactone (Aldactaz	zide, Aldactone	, Spironolactone	Plus) prescribed anytin	ne during the EP 2001
	No/Unable to determ					
43.	OPTIONAL: Was an an Not collecting Yes No/Unable to determ		or blocker (ARE	3) prescribed anyt	time during the EP 200	1 reporting time period?
	No/Unable to determ	mme				
	Atacand Atacand HCT Avalide Avapro Candesartan	Diovan Diovan HCT Eprosartan	Irbesartan Losartan Micardis Micardis HCT Tasosartan	Telmisartan Teveten Valsartan Verdia		
44.	OPTIONAL: Were BOT reporting time period? Not collectingYesNo/Unable to determ		ates AND hydra	alazine prescribed	TOGETHER anytime	during the EP 2001
	Long-acting nitrates Deponit Dilatrate-SR Imdur ISDN ISMO Isordil Isosorbide Dinitrate Isosorbide Mononitrate	Minitran Monoket Nitrek Nitro TD Patch-A Nitro-Bid ointmen Nitro-Dur Nitro-Par Nitro-Time		n (paste) n (transdermal) R	Hydralazine: Apresazide Apresoline Diuretic Ap-Es HHR Hydra-Zide Hydralazine Hydralazine Plus Hydrap-Es	Marpres Ser-Ap-Es Serathide Serpazide Serpex Tri-Hydroserpine Uni Serp Unipres
45.	OPTIONAL: Before or functional classification of three office visit notes where the only OUTPATIED of the original of the original office office of the original office office of the original office	explicitly documen there heart failure is ENT documentation or two office visit n	ted by a physic mentioned (Se from OUTPA) otes before or c	ian/nurse practition lect one)? TIENT charts.	oner/physician assistan	t in at least one of the last
		nable to determine	ing used OR he	eart failure is not i	mentioned in any offic	e visit notes before or
	2002 - LVF AND AC ra payment 2002 with	- ' -		=		-
46.	Is there documentation the time period?	•	Ü		•	• •
	Note: If a formal report there is physician/narrative qualitative	/nurse practitioner/p ve description (example)	ohysician assist mple - "modera	ant notation of LV	T may be presumed to b VF, either as an ejection systolic dysfunction")	n fraction (EF) or a
	No/Unable to determ	mineSK	IP TO #48			

47.	Before or during the EP 2002 reporting time period, is the most recent available LVF documented as an EF < 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)? YesNo/Unable to determine
Y	n ACE inhibitor (ACEI) prescribed anytime during the EP 2002 reporting time period? Not collecting
	PORTANT NOTES: This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #47 = Yes, the option 'Not collecting' should be selected for question #48 when the patient does NOT have documented LVSD (question #46 = No/Unable to determine or question #47 = No/Unable to determine). FOR QUESTION #48, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #47 = YES). The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.
49.	If an ACEI was not prescribed during the EP 2002 reporting time period, is there documentation of one or more of the following? a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the EP 2002 reporting time period b. Aortic stenosis documented anytime before or during the EP 2002 reporting time period c. Renal artery stenosis documented anytime before or during the EP 2002 reporting time period d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the EP 2002 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit) e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the EP 2002 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit) f. Systolic BP < 80 mmHg documented on three or more separate occasions during the EP 2002 reporting time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit) g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the EP 2002 reporting QAPI time period Yes

EP 2002 - OPTIONAL QIs (Complete only if option 'Extra payment 2002 with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)

52. OPT	ONAL: ACEI pi	rescribed during the	EP 2002 reporting t	ime period:		
Note	If available doc	umentation indicates	that two or more d	ifferent ACEIs	were prescribed dur	ing the EP 2002
	reporting time p	eriod, select the mos	st recent one.		•	
Accupril	Enalapr	ril Mavi	և ը	Ramipril	Zestoretic	
Accuretion				arka	Zestril	
Aceon	Fosinor			eczem	Other COM	PLETE #53
Altace	Lexxel			randolapril -	Unable to deterr	
Benazepi				Jniretic -		TO #55
Capoten	Lotensi			Jnivasc	Not collecting	. SKIP TO
Capozide				aseretic -		#55
Captopri	Louei	Quin	aprii v	⁷ asotec		
53.	OPTIONAL:	If Other, please spe	cify:			
54. OPT	IONAL: <u>Total da</u> MG	aily dosage of the A	CEI identified abov	e during the EF	2002 reporting time	e period:
Note		the ACEL identified	above changed dur	ing the FP 200	2 reporting time peri	od calculate the
11010		ge from the most rec			2 reporting time peri	oa, calculate the
=> I		DETERMINE, 1	_			
		ECTING, ENTER				
PORTANT NO	<u>OTES</u> :					
					Is to collect medicat	
					h LVSD, defined as	
					9 when the patient d	
		ed if an M+CO is not			ble to determine). T	ne option Not
					only for patients wi	th LVSD If
					ed to modify the ana	
		blocker prescribed a	nytime during the I	EP 2002 reporti	ng time period?	
Not colle	cting					
Yes	1. 4. datamaina					
No/Unau	le to determine					
Acebutolol	Carteolol	Inderal	Lopressor	Propranolol	Timolol	Ziac
Atenolol	Cartrol	Inderal LA	Lopressor HCT	Sectral	Toprol	
Betapace	Carvedilol	Inderide	Metoprolol	Senormin	Toprol-XL	
Betaxolol Bisoprolol	Coreg Corgard	Inderide LA Kerlone	Nadolol Normodyne	Sotalol Tenoretic	Trandate Trandate HCT	
Blocadren	Corgaid	Labetalol	Penbutolol	Tenormin	Visken	
Brevibloc	Esmolol	Levatol	Pindolol	Timolide	Zebeta	
OPELONAL	*** 1' '		d ED 2002		10	
		cribed anytime during	ng the EP 2002 repo	orting time peri	od?	
Not colle Yes	cung					
	le to determine					
Cardo Cryst	oxin Digoxin odigin Lanoxic					
Digit						
Digit						

55.

56.

57.	OPTIONAL: Was spiror reporting time period?Not collectingYesNo/Unable to determ	·	zide, Aldactone,	Spironolactone	Plus) prescribed anytim	ne during the EP 2002
58.	OPTIONAL: Was an angNot collectingYesNo/Unable to determ	-	or blocker (ARB) prescribed any	time during the EP 2002	2 reporting time period?
	Atacand Atacand HCT Avalide Avapro Candesartan	Diovan Diovan HCT Eprosartan	Irbesartan Losartan Micardis Micardis HCT Tasosartan	Telmisartan Teveten Valsartan Verdia		
59.	OPTIONAL: Were BOT reporting time period? Not collecting YesNo/Unable to determ		ates AND hydra	lazine prescribed	d TOGETHER anytime	during the EP 2002
	Long-acting nitrates: Deponit Dilatrate-SR Imdur ISDN ISMO Isordil Isosorbide Dinitrate Isosorbide Mononitrate	Minitran Monoket Nitrek Nitro TD Patch-A Nitro-Bid ointmen Nitro-Dur Nitro-Par Nitro-Time	Nitrodisc Nitroglycerin Nitroglycerin Nitroglycerin t Nitroglyn E-F Nitrol Sorbitrate Transderm-N	(paste) (transdermal)	Hydralazine: Apresazide Apresoline Diuretic Ap-Es HHR Hydra-Zide Hydralazine Hydralazine Plus Hydrap-Es	Marpres Ser-Ap-Es Serathide Serpazide Serpex Tri-Hydroserpine Uni Serp Unipres
60.	OPTIONAL: Before or during the EP 2002 reporting QAPI time period, what is the New York Heart Association (NYHA) functional classification explicitly documented by a physician/nurse practitioner/physician assistant in at least one of the last three office visit notes where heart failure is mentioned (Select one)? Notes: - Use only OUTPATIENT documentation from OUTPATIENT charts. - If there are only one or two office visit notes before or during the EP 2002 reporting time period which mention heart failure, use these visit notes to answer this question.					
	Not collecting Class I Class II Class III Class IV Not documented/Un Not applicable (Out	able to determine	ing used OR he		mentioned in any office	e visit notes before or

DEMOGRAPHIC ADDITIONAL INFORMATION/OPTIONAL

61.	OPTIONAL: Race (Select one):
	Not collecting
	Caucasian
	African-American
	American Indian/Alaska Native
	Asian
	Native Hawaiian/Pacific Islander
	Multiracial Multiracial
	Other Other
	Unable to determine
62.	OPTIONAL: Hispanic ethnicity:
	Not collecting
	Yes
	No/Unable to determine
63.	OPTIONAL: Gender:
	Not collecting
	Male
	Female
	Unable to determine
Comm	ents: